

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER cc: FIRE AND MARINE INSURANCE

PART 2303
ARSON FRAUD DETECTION REPORTING SYSTEM (REPEALED)

Section

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AUTHORITY: Implementing Section 155.23 and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, pars. 767.23 and 1013).

SOURCE: Adopted at 6 Ill. Reg. 2685, effective March 2, 1982; codified at 7 Ill. Reg. 2369; repealed at 47 Ill. Reg. _____, effective _____.

Section 2303.10 Authority

This Rule is promulgated by the Director of Insurance pursuant to Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1981 ch. 73, para. 1013) which empowers the Director "*...to make reasonable rules and regulations as may be necessary for making...*" effective the insurance laws of this State, Section 155.23, of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, para. 767.23) which specifically empowers the Director "*...to promulgate reasonable rules requiring insurance companies licensed in the State...to report factual information in their possession which is pertinent to...property insurance claims,...after he has made a determination that such information is necessary to detect fraud or arson*" and Section 155.23 (2) of the Illinois Insurance Code (Ill. Rev. Stat. 19181, ch. 73, para. 767.23) which empowers the Director "*to designate one or more data processing organizations or governmental agencies to assist the Director in gathering such information and making compilations thereof...*" This rule implements Section 155.23 of the Illinois Insurance Code (Ill. Rev. Stat. 1981 ch. 73 para. 767.23).

Section 2303.20 Purpose and Scope

This Rule will establish a uniform and required system for the reporting and collection of information on certain property loss claims from all companies doing business in this State. The objective of the system will be detection of commonalities which may be indicative of arson fraud and require further investigation by appropriate State and/or Federal authorities. This Rule

will:

- a) designate the Property Insurance Loss Register ("PILR") as the entity to which all companies shall report certain factual information in their possession which is pertinent to property loss claims resulting from losses due to fire, lightning or explosion as they occur,
- b) establish a uniform format and procedure for reporting property loss information to PILR, and
- c) designate the State Fire Marshal's Office as the recipient of information compiled by PILR.

Section 2303.30 Definitions

A "company" as used in this rule means any entity which is defined as a "company" in Section 2 of the Illinois Insurance Code (Ill. Rev. Stat. 1981 ch. 73, para. 614) the Illinois Fair Plan Association, surplus lines carrier, or any other entity which issues or delivers in this State policies or contracts for property insurance.

"Property loss" as used in this rule means any claim on real estate and/or the personal property contained therein amounting to \$1,000 or more resulting from loss due to fire and lightning or explosion when fire ensues.

The term "Property Insurance Loss Register" or its acronym "PILR" as used in this Rule means the non-profit organization administered by the American Insurance Association and currently headquartered at 700 New Brunswick Avenue, Rahway, New Jersey.

The term "PILR Loss Report Form" as used in this Rule means the form as set forth in Exhibit A attached to and made a part of this Rule.

Section 2303.40 Procedure

- a) Each company shall be required to report accurate information and mail to PILR a PILR Loss Report Form within 30 days following the company's receipt of notice of a property loss. (See Exhibit A for proper format) Each company shall retain a copy of the completed PILR form. PILR will code the reported information and conduct a computer search of its Data Bank to determine whether the information is similar to information in the PILR Data Bank.
- b) The State Fire Marshal is designated the recipient of search analysis reports from

the PILR Data Bank for the purpose of determining whether a loss claim merits further investigation. Search analysis reports will be sent directly to the State Fire Marshal and, if a report company is also a subscribing member of PILR, to the subscriber.

- c) The Director of Insurance specifically exempts the following companies from complying with this Rule: District, County and Township mutual companies.

Section 2303.50 Severability Provision

If any Section or portion of a Section of this Rule or the applicability thereof to any person or circumstance is held invalid by a court, the remainder of the rule or the applicability of such provision to other persons or circumstances shall not be affected thereby.

Section 2303.EXHIBIT A Property Insurance Loss Register

ILLINOIS DEPARTMENTAL REGULATIONS

COMPLETE WITH AS MUCH FACTUAL INFORMATION AS POSSIBLE AND MAIL IMMEDIATELY AFTER FIRST INSPECTION

PROPERTY INSURANCE LOSS REGISTER	1. Please type or print. 2. Use as many forms as necessary. 3. When more than one form is required then number the pages and staple together. 4. You MUST keep a copy for your files.	PAGE NUMBER
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INSURED (If a business then enter full name of business)					
name (last, first, middle initial)		maiden/also known as		age	sex
spouse (last, first, middle initial)		maiden/also known as		age	sex
current address	street	apt #	city	state	zip
previous address	street	apt #	city	state	zip

LOCATION OF LOSS					
street (print "same" if insured's current address)		apt #	date of loss	mo. dy. yr.	5
city		state	zip	time of loss	am pm

INSURED BY (Repeat ONLY those items involved and omit cents)					
company		policy no.		claim no.	
amount of policy	building	contents	stock	use & occupancy	other
total insurance (if more than one policy)					
replacement cost value					
actual cash value					
estimated loss					

LOSS INFORMATION (Check applicable boxes)					
known cause of loss				was fire dept. report reviewed? <input type="checkbox"/>	
type of property <input type="checkbox"/> dwelling <input type="checkbox"/> multi-dwelling <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input type="checkbox"/> other (specify)					
check box if vacant <input type="checkbox"/> check box if under construction <input type="checkbox"/> insured's fire losses in last five years: # <input type="checkbox"/> type of business (see codes)					

OTHER PARTIES TO THE LOSS (If a business, then enter full name of business)					
Enter applicable code 1-Partner, 2-Agent, 3-Attorney, 4-Corporate Officer, 5-Second Mortgages, 6-Public Adjuster, 7-Contractor, 8-Tenant, 9-Occupant, 10-first Mortgages, 11-Other					
name (last, first, middle initial)		also known as			
street	apt. #	city	state	zip	
name (last, first, middle initial)		also known as			
street	apt. #	city	state	zip	
name (last, first, middle initial)		also known as			
street	apt. #	city	state	zip	
name (last, first, middle initial)		also known as			
street	apt. #	city	state	zip	

ADJUSTER		
name of staff adjusters company or adjusting firm		I certify that I provided the above information and to the best of my knowledge, information and belief, all of such information is accurate. adjuster's signature
street		
city	state zip	
		date of this report
		mo. dy. yr.

area code	telephone number	name of adjuster

Mail Forms to: P.I.L.R--700 New Brunswick Avenue
Rathway, New Jersey 07065 Tel. (201)388-5700

check here if this is a supplement ☐
(see instructions)